## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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ease type or print in ink.		TOWN OF MORAG
ME OF FILER (LAST)	(FIRST)	(MIDDLE)
ETCALF	MICHAEL	FRENCH
Office, Agency, or Court		
Agency Name		
TOWN OF MORAGA		
Division, Board, Department, District, if applicable	Your Position	PR A
TOWN COUNCIL	VICE MAYOR	
▶ If filing for multiple positions, list below or on an attachment.		APR L
Agency:	Position:	
Jurisdiction of Office (Check at least one box)		¥ 5.7.
☐ State	☐ Judge (Statewide Jurisdiction)	S HES
Multi-County	County of	TICAL DHHISSION
City of TOWN OF MORAGA	Other	<b>Z</b>
City of	Other	
Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2010, through Decem 2010.	ber 31, Leaving Office: Date Left/_ (Check one)	
The period covered is/, through December 2010.	ber 31, O The period covered is January 1, leaving office.	2010, through the date of
Assuming Office: Date	The period covered is/ of leaving office.	, through the date
Candidate: Election Year Office sought	t, if different than Part 1:	<del></del>
Schedule Summary		
Check applicable schedules or "None."	► Total number of pages including this cover	page:
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business	Positions schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Giffs - schedule a	
Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Paya	ments – schedule attached
-or-		
☐ None - No reportable	interests on any schedule	
herein and in any attached schedules is true and complete. I acknow	vledge this is a	
herein and in any attached schedules is true and complete. I acknow I certify under penalty of perjury under the laws of the State of C		
-		

## **SCHEDULE A-1 Investments**

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
MICHAEL FRENCH METCALF	

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
CHEVRON CORPORATION	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PETROLEUM PRODUCTS MARKETING	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
▼ \$100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT   ☐ Stock ☐ Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 10 / / 10	/ / 10 / / 10
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUODINGS SAFETY	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	1
EAID MADVET VALUE	FAID MADVET VALUE
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000	FAIR MARKET VALUE
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$100,000 \$100,000 \$100,000 \$100,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership   Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 10 / / 10	/ / 10 / / 10
ACQUIRED DISPOSED	ACQUIRED DISPOSED
ı	1
Comments:	